U.S. Peters and Trademark Office; U.S. DEPARTMENT OF COMMERCE no persons are required to respond to a confection of information unit

	AIGNI AF	Şub	stitute for Fo	m PTO-876	Hective Decemi	KD ber 8,:2004	100	acelian of Door	MB control num of Number
		(Column 1)		RT ((Column 2)	SM	all entity	OR	OTI	IER THAN LL ENTITY
BASIC FEE		HUMBER FILE	EO	NUMBER EXTRA	RATE	D FEE	2)		
(37 CFR 1.16(a), (b) SEARCH FEE		NA	-,	N/A	NA	150.0		RATE (\$)	300.00
(37 CFR 1 16(K), (1). EXAMINATION F	or (m))	· N/A		N/A.	N/A	\$250		N/A	\$500
TOTAL CLAUS	or (q))	NA .		N/A ·	. NA	\$100		NA	-
37 CFR 1.16(H)		minu	20 a		X\$ 25			X\$50	\$200
NDEPENDENT C 37 OFF 1. 16(N)	<u> </u>		.3 .		X100		OR		
APPLICATION 517 TEE 37 CFR 1,15(6))	is \$2	If the specification and drawing sheets of paper, the application is \$250 (\$125 for small entity) is additional 50 sheets or fraction 35 U.S.C. 41(a)(1)(G) and 37 C		on size fee due				X200	
NULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(I))					+180=			+360=	
If the difference in column 1 is less than zero, enter '0' in column 2.					TOTAL		~ -		
APPLICATION AS AMENDED - PART II					TOTAL	L	J [.]	TOTAL	
Mila	(Column 1) CLAIMS REMAINING	3	(Column) HIGHEST NUMBER	(Column 3)		LENTITY	OR	OTHEI SMALL	R THAN ENTITY
Total 137 cfa 1.1e(i) Independent 137 cfa 1.1e(i) Application Siz	AFTER AMENOMEN	IT Minus	PREVIOUSL PAID FOR	Y EXTRA	RATE (1)	ADOI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (1)
Independent D7 CFR 1.19(1)	10	Minus	73	- CO	X\$ 25 .	1-7-	OR	X\$50 _	1
Application Size Fee (37 CFR 1.16(s))			100	X100 =		OR	X200		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160)					+180=	 - 	- H		1
					TOTAL	 -/	OR	+360=	
	(Column 1)	•			ADD'L FEE	U	OR ,	TOTAL ADD'L FEE	
	CLAIMS REMAINING AFTER		(Column 2) HIGHEST NUMBER	PRESENT	RATE (\$)	ADDI-	1 -	2477 (1)	
Total	AMENOMENT.	-	PREVIOUSLY PAID FOR		,	TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL .
(17 CFR 1.10(I)		<u> </u>	***	*	X\$ 25		OR >	\$50	FEE (\$)
P7 CFR 1.18(h)) Application Size	Fee G7 CFP 4	1 . 1		=	X100 "		l	200 _	
Application Size Fee (37 CFR 1.16(s))									
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160)					+180=		OR	360=	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, ent					TOTAL.		•		

The Trighest Number Previously Paid For 'In this space is less than 3, enter "3".

The Trighest Number Previously Paid For '(Total or Independent) is the highest number (ound in the appropriate box in column 1.

This collection of Information is required by 97 CFR 1.16. The Information is required to obtain or retain a barreit by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

ADDRESS. SEND TQ: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.